

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL001144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 07/09/2015
NAME OF PROVIDER OR SUPPLIER  B AND N FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 301 HOMEWOOD AVENUE BURLINGTON, NC 27217		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments  Report by Suzanna Fay  DHSR Construction Section conducted a Biennial Follow-up Survey on July 9, 2015 from 10:02 AM to 10:25 AM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required.  The remaining deficiencies are as follows:	{C 000}		
{C 174}	Building Equipment Maintained Safe, Operating  SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes.  This Rule is not met as evidenced by: 1. In the kitchen range hood, the filter is missing. Locate or obtain a filter and install it in the range hood. Proof of completed work must be provided by way of receipts, invoices, photographs, etc. Forward proof of completed work with you plan of correction.  7/9/15: SF-At the time of the Follow-up Survey, the grease filter was not installed. Per interview with Staff, the fan is not working properly and the filter will not stay in place. The fan is blowing debris onto the stove. Have a qualified technician repair or replace the fan and provide a grease filter. Provide documentation of the repairs through photos or copies of receipts or work orders.	{C 174}	CONSTRUCTION SECTION SEP 04 2015 RECEIVED  SF	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Bertha Johnson*

9-3-15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL001144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 07/09/2015
NAME OF PROVIDER OR SUPPLIER  B AND N FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 301 HOMEWOOD AVENUE BURLINGTON, NC 27217		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 183}	<p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition.</p> <p>This Rule is not met as evidenced by: 1. On the right side of the front porch, there is a section of soffit missing above the entry ramp. Have the missing section of soffit replaced. Proof of completed work must be provided by way of receipts, invoices, photographs, etc. Forward proof of completed work with you plan of correction.</p> <p>7/9/15: SF-At the time of this survey, the missing section of soffit was laying on the porch. Observations revealed that the fascia trim was completely rotted off and there was no longer an attachment for the soffit panel or for the gutter which was loose. Have a qualified person replace the damaged fascia trim and reattach the soffit panel and the gutter. Provide documentation of the repairs through photos or copies of receipts or work orders.</p>	{C 183}	<p><i>not done</i></p>	